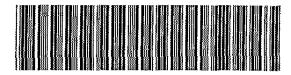
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(Requestor's Name)			
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SECRETARY OF STATE

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m/ 4/29

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	m. C. Lewi		Inc.	
	(Proposed corpo	rate name - must include sui	fix)	
			:	
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for :	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Mame (Printed or typed)				
7007 Shimp RJ. Address				
Key Wesf FL 33040 City, State & Zip				
2				

NOTE: Please provide the original and one copy of the articles.

'ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Flo Business Corporation Act, hereby adopts the following Articles of Incorporation.	prida FILED
ARTICLE I NAME The name of the corporation shall be:	03 APR 24 AM 9: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be 700 7 5L: mp Kor west 66 33040 ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstar ARTICLE IV INITIAL REGISTERED AGENT AND STREET The name and Florida street address of the initial registered agent are:	
Matthew C. Lewis 7007 Shrime Rd. Keywest FL 33046 ARTICLE V INCORPORATOR	**
The <u>name and address</u> of the incorporator to these Articles of Incorporation at Mathews. Lewis 7007 Shimp Rd. ley west FL 33046	
Signature/Incorporator	8/03 Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of pa	rocess for the above stated corporation at the place designated in this
certificate, I hereby accept the appointment as registered agent a	nd agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and complete p	performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	

Signature/Registered Agent

Date